

FLORA W. POINDEXTER, F/K/A FLORA WEEDEN, ET UX, GRANTORS

TO

WARRANTY DEED

LARRY SPECK DICKERSON, GRANTEE

FOR AND IN CONSIDERATION of the sum of Ten Dollars, (\$10.00), cash in
of which is hereby acknowledged, We, FLORA W. POINDEXTER, F/K/A
FLORA WEEDEN and husband, EARL B. POINDEXTER, do hereby sell,
convey and warrant unto LARRY SPECK DICKERSON, the land lying and being
situated in Desoto County, Mississippi, more particularly described as follows,
to-wit:

Lot 30, Section B, Holiday Hills Subdivision, located in Section 34, Township 1
South, Range 6 West, Desoto County, Mississippi, as shown on plat recorded in
plat book 11, pages 11-12 in the office of the Chancery Clerk of Desoto County,
Mississippi.

The warranty in this deed is subject to subdivision and zoning regulations
in effect in Desoto County, Mississippi, rights of way and easements for public
roads and public utilities, and restrictive covenants for said subdivision.

Possession to take place upon closing and taxes to be pro-rated.

By way of explanation, Hester Weeden is deceased as per the attached death
certificate.

STATE MS.-DESOTO CO.
FILE

JUL 27 9 57 AM '98

BK 337 PG 117
W.E. DAVIS CH. CLK.

WITNESS OUR SIGNATURES this the 23rd day of July, 1998.

Flora W. Poindexter
 FLORA W. POINDEXTER
 F/K/A FLORA WEEDEN

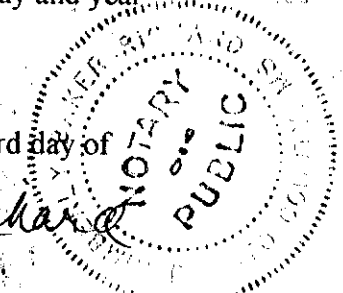
Earl B. Poindexter
 EARL B. POINDEXTER

STATE OF MISSISSIPPI
 COUNTY OF DESOTO

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named FLORA W. POINDEXTER, F/K/A FLORA WEEDEN and EARL B. POINDEXTER who acknowledged that they signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned, as their free and voluntary act and deed.

GIVEN UNDER MY HAND and official seal of office, this the 23rd day of July, 1998.

Dorothy Baker Richard
 NOTARY PUBLIC



MY COMMISSION EXPIRES July 23, 2000
 (SEAL)

GRANTOR: 5700 Rolling Pines Dr., Olive Branch, MS 38654
 (H) 898-8400 (W) None

GRANTEES: 6338 Chickasaw Drive, Olive Branch, MS 38654
 (H) 800 274-0711 (W) (704) 379-9071

Prepared by & return to: Les Shumake, P. O. Box 803, Olive Branch, MS 38654
 (601) 895-5565

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
E HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BK0337PG0119

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) BERRY HESTER WEEDEN		2. SEX MALE	3. DATE OF DEATH (Month, Day, Year) SEPTEMBER 14, 1992
4. SOCIAL SECURITY NUMBER (of Decedent) 428 56 8094	5a. AGE - LAST BIRTHDAY (Years) 61	5b. UNDER 1 YEAR MO: 00 DAYS: 00	5c. UNDER 1 DAY HOURS: 00 MIN: 00
6. DATE OF BIRTH (Month, Day, Year) MAY 5, 1931		7. BIRTHPLACE (City and State or Foreign Country) NEW ALBANY, MS.	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No			
9. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) BAPTIST HOSPITAL CENTRAL		9c. CITY, TOWN, OR LOCATION OF DEATH MEMPHIS, TN	
9d. COUNTY OF DEATH SHELBY			
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) FLORA BENEFIELD	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) MAINTENANCE MECHANIC	12b. KIND OF BUSINESS/INDUSTRY SCHERING PLOUGH HEALTHCARE PRODUCTS
13a. RESIDENCE - STATE MS	13b. COUNTY DESOTO	13c. CITY, TOWN OR LOCATION OLIVE BRANCH	13d. STREET AND NUMBER OR RURAL LOCATION 6338 CHICKASAW
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No 38654		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes 0 <input checked="" type="checkbox"/> No Specify, if yes:	15. RACE - American Indian, Black, White, etc. (Specify) WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (14 or 5+) 2			
17. FATHER'S NAME (First, Middle, Last) JOHN BERRY WEEDEN		18. MOTHER'S NAME (First, Middle, Maiden Surname) LENA SNEED	
19a. INFORMANT'S NAME (Type/Print) FLORA WEEDEN		19b. RELATIONSHIP TO DECEASED SPOUSE	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6338 CHICKASAW OLIVE BRANCH, MS 38654
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) FOREST HILL CEMETERY *SOUTH	
20c. LOCATION - City or Town, State MEMPHIS, TN			
21a. SIGNATURE OF FUNERAL DIRECTOR RONALD W. HARRISON		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 3541	21c. SIGNATURE OF EMBALMER JOHN M. JARVIS
21d. LICENSE NUMBER OF EMBALMER 4051		22b. LICENSE NUMBER OF FUNERAL HOME #466	
22a. NAME AND ADDRESS OF FUNERAL HOME FOREST HILL FUNERAL HOME & CEMETERY P.O. BOX 34577 MEMPHIS, TN. 38184-0577			
23. REGISTRAR'S SIGNATURE <i>[Signature]</i>		24. DATE FILED (Month, Day, Year) OCT 02 1992	
25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>			
25b. LICENSE NUMBER MD 9400		25c. DATE SIGNED (Month, Day, Year) 9/24/92	
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER			
26b. LICENSE NUMBER			
26c. DATE SIGNED (Month, Day, Year)			
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) DR. ALVA WEIR III 920 MADISON AVENUE SUITE 628 MEMPHIS, TN 38103			
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Lymphoma DUE TO (OR AS A CONSEQUENCE OF): Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 8 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY M
31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED	
31e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

PHYSICIAN OR MEDICAL EXAMINER EX-
CURTING CERTIFICATE
UST COMPLETE AND
GN MEDICAL CERTIFI-
CATION WITHIN 48
OURS.

SEE INSTRUCTIONS
ON OTHER SIDE

CAUSE OF
DEATH

BK0337PG0120

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE., MEMPHIS, TENNESSEE

THIS IS TO CERTIFY that this is a true and correct copy of the record filed with
the Tennessee Vital Records by the Memphis & Shelby County Health Department.

SEAL

Date Issued

OCT 06 1992

by

Robert Stolarick

Robert Stolarick, Registrar
Vital Records Section

B

RECORDED

See